

# 5 A Day Coalition

## Member Contact Information

Name: \_\_\_\_\_

Company Name/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number (Daytime): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



Please fax or mail completed survey and/or contact information to:

If Mailing:  
Amy Meinen  
Wisconsin Division of Public Health  
Nutrition & Physical Activity Program  
Nutrition Coordinator  
1 West Wilson Street, Room 243  
Madison, WI 53702

If Faxing:  
(608) 266-3125